United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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	ETRIUS GOH	IRE				22-C-1	ourt case number -C-1403						
DEFENDANTS CHAI	D E. BOYACI					Second Waiver,	PE OF PROCESS cond Amended Complaint, Screening Order, Notice, iver, MJ Consent/Refusal Form						
SERVE	Anthony J	. Milone	•	ATION, ETC., TO SI	ERVE OR DE	ESCRIPT	TION OF PROPE	ERTY TO SEIZ	ZE OR CO	NDEMN			
AT													
	Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be												
SEND NOTICE C	OF SERVICE CO	Number of proce											
Demetrius Gohre #557236 served with this Form 285													
		Correctional Ir	stitution				Number of partie served in this cas						
	PO Box 90	0 T 53901-0900				_							
	rortage, w	1 33901-0900					Check for service on U.S.A.	e					
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):													
Signature of Attorn	ney or other Origi	nator requesting s	ervice on behalf of:	✓ PI	LAINTIFF	T	TELEPHONE NUMBER DATE						
D	#EE7026			_	EFENDANT				1/21/2/	22			
Demetrius Goh		OF HC MA	DCHAL ONLY				<u>1/31/2023</u>			023			
				– DO NOT WR	1								
I acknowledge reconumber of process		Total Process	District of Origin	District to Serve	Signature o	f Author	ized USMS Dep	uty or Clerk	Date				
(Sign only for USA	1 285 if more		No	No									
than one USM 285					c :	<u> </u>	. 1	1 ' 1170	1 11 (1				
	d on the individ	ual, company, c		ave legal evidence the address shown									
☐ I hereby cer	tify and return tha	at I am unable to l	ocate the individual,	company, corporation	n, etc. named a	above (Se	ee remarks belov	v)					
Name and title of i	ndividual served	(if not shown abov	ve)			D	ate	Time		am			
										pm			
Address (complete	only different tha	n shown above)				Si	Signature of U.S. Marshal or Deputy						
Service Fee	Total Mileage (including ende		warding Fee	Total Charges	Advance D	eposits	Amount owed to U.S. Marshal* or (Amount of Refund*)						
REMARKS			1		1		— I———						

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United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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								DURT CASE NUMBER			
	ETKIUS GOH	IKE					2-C-1403 YPE OF PROCESS				
DEFENDANTS CHAI	E. BOYACK	K, et al.				Second	cond Amended Complaint, Screening Order, Notice, aiver, MJ Consent/Refusal Form				
			MPANY, CORPOR	ATION, ETC., TO SI	ERVE OR DE	,			E OR CO	NDEMN	
SERVE	Eric Krade										
AT		_	partment No., City, S								
	Milwauke	e Police Depar	rtment, 749 W. S	tate Street, Milw	aukee, WI	53233					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285											
	Demetrius	Gohre #55723	6				served with this	1 01111 203			
	Columbia O PO Box 90	Correctional In	stitution				Number of partie served in this cas				
		I 53901-0900					Check for service on U.S.A.	e			
SDECIAL INSTRI	ICTIONS OD OT	HED INECOMA	TION THAT WILL	ASSIST IN EXPEDIT	TING SEDVI			Altornato Addusses	os All Tolo	nhone	
Numbers, and Estima			TION THAT WILL.	ASSIST IN EXPEDI	IINO SEKVI	CE (Inciu	ae Business ana A	Auernaie Aaaress	es, Au Teie	pnone	
Signature of Attorr	nay or other Origin	nator raquacting c	ervice on behalf of:			TI	ELEPHONE NU	IMRED	DATE		
Signature of Attorn	icy of other origin	nator requesting s	crvice on benan or.	✓ PI	LAINTIFF	11					
Demetrius Goh	re #557236			Di	EFENDANT				1/31/2	023	
SPACE BELO	W FOR USE	OF U.S. MA	RSHAL ONLY	– DO NOT WR	ITE BELO	OW TH	HIS LINE				
I acknowledge rece		Total Process	District of Origin	District to Serve	Signature of	f Authori	zed USMS Dep	uty or Clerk	Date		
number of process											
(Sign only for USM than one USM 285			No	No							
I hereby certify a	and return that I	☐ have persor	nally served, \Box h	ave legal evidence	of service,	☐ have	e executed as	shown in "Ren	narks", tl	ne	
process described	d on the individu	ual, company, c		the address shown							
shown at the add	ress inserted bel	low.									
	-			company, corporation	, etc. named a	above (Se	ee remarks belov	v)			
Name and title of in	ndividual served (if not shown abov	re)			Da	ate	Time		am	
										pm	
Address (complete	only different that	n shown above)				Si	gnature of U.S.	Marshal or Dep	outy		
Service Fee	Total Mileage C	Thorone For	warding Fee	Total Charges	Advance De	anosita	Amount	ved to U.S. Mar	shal* or		
Service ree	(including ende		warding ree	Total Charges	Advance Do	eposits	(Amount of		Shar" of		
								,			
REMARKS											
KEWIAKKS											

Form USM-285

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United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

							•	•				
PLAINTIFF DEM	ETRIUS GOF	IRE					URT CASE NUMBER -C-1403					
DEFENDANTS CHAI	E. BOYACI	ζ, et al.				Seco	PE OF PROCESS cond Amended Complaint, Screening Order, Notice, ver, MJ Consent/Refusal Form					
NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONIC Ryan M. Reagan												
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233												
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be												
Demetrius Gohre #557236 served with this Form 285												
	Columbia (PO Box 90	Correctional I O	nstitution				Number of partic served in this ca					
		T 53901-0900)				Check for service on U.S.A.	e				
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):												
Signature of Attorn	ey or other Origi	nator requesting	service on behalf of:	☑ PI	LAINTIFF		TELEPHONE NUMBER DATE					
Demetrius Goh	re #557236			D	EFENDANT				1/31/20	023		
SPACE BELC	W FOR USE	E OF U.S. MA	ARSHAL ONLY	– DO NOT WR	ITE BEL	OW 1	THIS LINE					
I acknowledge recenumber of process (Sign only for USM)	indicated. 1 285 if more	Total Process	District of Origin	District to Serve	Signature of	of Auth	orized USMS Dep	outy or Clerk	Date			
than one USM 285		D hove perce	onally served, \square h		of sarvina	Пъ	ava avaautad as	shown in "Do	marka" tl			
	d on the individ	ual, company,	corporation, etc., at									
☐ I hereby cer	tify and return tha	at I am unable to	locate the individual,	company, corporation	n, etc. named	above	(See remarks belo	w)				
Name and title of in	ndividual served	(if not shown abo	ove)				Date	Time		am pm		
Address (complete	only different tha	n shown above)					Signature of U.S. Marshal or Deputy					
Service Fee	Total Mileage (including ende		rwarding Fee	Total Charges	Advance D	Amount owed to U.S. Marshal* or (Amount of Refund*)						
REMARKS							I					

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United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

			•								
PLAINTIFF DEMETRIUS GOHRE			URT CASE NUMBER -C-1403								
DEFENDANTS CHAD E. BOYACK, et al.		TYPI Seco Waiv	PE OF PROCESS cond Amended Complaint, Screening Order, Notice, iver, MJ Consent/Refusal Form								
NAME OF INDIVIDUAL COMPANY SERVE Jose Rivera	, CORPORATION, ETC., TO SE	ERVE OR DESCRI	PTION OF PROPERTY TO SEIZ	E OR CONDEMN							
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233											
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be											
Demetrius Gohre #557236 served with this Form 285											
Columbia Correctional Institution PO Box 900	n		Number of parties to be served in this case								
Portage, WI 53901-0900			Check for service on U.S.A.								
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):											
Signature of Attorney or other Originator requesting service on	behalf of:	AINTIFF	TELEPHONE NUMBER	DATE							
Demetrius Gohre #557236	DE	EFENDANT		1/31/2023							
SPACE BELOW FOR USE OF U.S. MARSHA	L ONLY – DO NOT WR	ITE BELOW	THIS LINE								
number of process indicated. (Sign only for USM 285 if more	t of Origin District to Serve No	Signature of Auth	norized USMS Deputy or Clerk	Date							
I hereby certify and return that I \square have personally serverocess described on the individual, company, corporation shown at the address inserted below.											
☐ I hereby certify and return that I am unable to locate the	individual, company, corporation	, etc. named above	(See remarks below)								
Name and title of individual served (if not shown above)			Date Time	□ am □ pm							
Address (complete only different than shown above)			Signature of U.S. Marshal or Deputy								
Service Fee Total Mileage Charges (including endeavors) Forwarding I	Fee Total Charges	Advance Deposit	Amount owed to U.S. Marshal* or (Amount of Refund*)								
REMARKS											

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PRIOR VERSIONS OF THIS FORM ARE OBSOLETE

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United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF DEM	ETRIUS GOH	IRE					DURT CASE NUMBER 2-C-1403				
DEFENDANTS CHAI	E. BOYACI	K, et al.				Second A	YPE OF PROCESS Second Amended Complaint, Screening Order, Notice, Vaiver, MJ Consent/Refusal Form				
SERVE	NAME OF J Jesse J. B		OMPANY, CORPOR	ATION, ETC., TO SI					ZE OR CO	NDEMN	
\mathbf{AT}			Apartment No., City, S								
	Milwauke	e Police Depa	artment, 749 W. S	State Street, Milw	aukee, WI	53233					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285											
Demetrius Gohre #557236 served with this Form 285											
	Columbia O PO Box 90	Correctional I		umber of parti rved in this ca							
	1	neck for service U.S.A.	ce								
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):											
Signature of Attorn	ney or other Origi	nator requesting	service on behalf of:	☑ PI	LAINTIFF	TEI	TELEPHONE NUMBER				
Demetrius Goh					EFENDANT		1/31/2023				
SPACE BELO	W FOR USE	E OF U.S. MA	ARSHAL ONLY	– DO NOT WR	ITE BELO)W TH	IS LINE				
I acknowledge recenumber of process (Sign only for USM	indicated. I 285 if more	Total Process	District of Origin	District to Serve	Signature of	f Authoriz	ed USMS Dep	outy or Clerk	Date		
process described	nd return that I d on the individ	ual, company, o	onally served, \square has corporation, etc., at								
shown at the add											
			locate the individual,	company, corporation	ı, etc. named a						
Name and title of in	ndividual served	(if not shown abo	ve)			Dat	e	Time		am pm	
Address (complete	only different tha	n shown above)				Sign	nature of U.S.	Marshal or Dep	outy	1	
Service Fee	Total Mileage (including ende		orwarding Fee	Total Charges	Advance De	eposits	Amount owed to U.S. Marshal* or (Amount of Refund*)				
REMARKS							-				

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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

							URT CASE NUMBER				
	ETRIUS GOF	1KE					-C-1403				
DEFENDANTS CHAD	E. BOYACI	Κ, et al.				Seco	PE OF PROCESS cond Amended Complaint, Screening Order, Notice, iver. MJ Consent/Refusal Form				
SERVE	NAME OF I		COMPANY, CORPOR	ATION, ETC., TO SI	ERVE OR DE		- ,			E OR CO	NDEMN
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)											
Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233											
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be											
served with this Form 285											
		Gohre #557					Num	ahan of montic	na ta ha		
	PO Box 90		Institution					nber of partie ed in this cas			
	Portage, W	T 53901-09	00					ck for service J.S.A.	e		
SPECIAL INSTRU Numbers, and Estima			MATION THAT WILL	ASSIST IN EXPEDIT	ΓING SERVI	CE (In	clude I	Business and A	Alternate Address	es, All Tele	phone
Signature of Attorn	ey or other Origi	nator requestir	g service on behalf of:	√ PI	AINTIFF		TELE	EPHONE NU	JMBER	DATE	
Demetrius Goh	re #557236				EFENDANT		1/31/2023			023	
SPACE BELO	W FOR USI	E OF U.S. N	ARSHAL ONLY	– DO NOT WR	ITE BELO	OW 7	ГНIS	LINE			
I acknowledge rece	ipt for the total	Total Proces		District to Serve				USMS Dep	uty or Clerk	Date	
number of process in (Sign only for USM than one USM 285	285 if more		_ No	No							
I hereby certify a process described	nd return that I l on the individ	ual, company	rsonally served, \square hy, corporation, etc., at								
shown at the add			. 1		. 1	1	/G	1 1 1	`		
			to locate the individual,	company, corporation	i, etc. named a	above		emarks belov			
Name and title of in	idividuai served	ij not snown a	bove)				Date		Time		am
A.11 (1	1 1:001	, ,	1				a:	CIIC	M 11 D		pm
Address (complete	only different the	n shown abov	?)				Signa	ture of U.S.	Marshal or Dep	uty	
Service Fee	Total Mileage	Charges	Forwarding Fee	Total Charges	Advance De	eposits	s I	Amount ov	ved to U.S. Mar	shal* or	
	(including end		8					(Amount o			
REMARKS											

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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

									•			
							URT CASE NUMBER C-1403					
DEFENDANTS	E. BOYACI	ζ, et al.				TYPE Secon Waive	PE OF PROCESS cond Amended Complaint, Screening Order, Notice, iver, MJ Consent/Refusal Form					
SERVE AT NAME OF INDIVIDUAL COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR COND Sgt. Caya ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)												
AT	Milwaukee Police Department, 749 W. State Street, Milwaukee, WI 53233											
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be												
Demetrius Gohre #557236 Columbia Correctional Institution PO Box 900								Number of parties to be served in this case				
		I 53901-0900						ck for service J.S.A.	e			
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):												
Signature of Attorn	ey or other Origi	nator requesting	service on behalf of:	☑ PI	LAINTIFF		TELEPHONE NUMBER DAT			DATE		
Demetrius Goh	re #557236			D	EFENDANT					1/31/2	023	
SPACE BELO	W FOR USE	OF U.S. MA	ARSHAL ONLY	– DO NOT WR	ITE BEL	OW 1	THIS	LINE				
I acknowledge rece number of process (Sign only for USM than one USM 285	indicated. 285 if more	Total Process	District of Origin	District to Serve	Signature o	of Auth	orized	l USMS Dep	uty or Clerk	Date		
	l on the individ	ual, company, o	nally served, he corporation, etc., at									
☐ I hereby cert	tify and return tha	at I am unable to	locate the individual,	company, corporation	n, etc. named	above	(See r	emarks belov	v)			
Name and title of in	ndividual served	if not shown abo	ve)				Date		Time		am pm	
Address (complete only different than shown above) Signature of U.S. Marshal or Deputy												
Service Fee	Total Mileage (including ende		rwarding Fee	Total Charges	Advance D	Deposits	3	Amount ov (Amount or	ved to U.S. Mar f Refund*)	shal* or		
REMARKS												

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